

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002666

STATE FILE NUMBER

AMENDED

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 12

FILED FEB 15 1962

1. PLACE OF DEATH

a. COUNTY

Macon

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Macon

Length of stay in lb

3 wks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Samaritan Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Randolph

c. CITY OR TOWN

Rt. 1 Cairo

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Rt. 1 Cairo

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Roy Melvin Watkins

4. DATE OF DEATH

Month

Day

Year

Feb. 5 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2/24/1898

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

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11. BIRTHPLACE (City and state or country)

Shelby County Mo. U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

James W. Watkins

13b. MOTHER'S MAIDEN NAME

Henretta E. Hooper

14. NAME OF HUSBAND OR WIFE

Dw

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

17. INFORMANT

Address

Mrs. Dany Taber Macon Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral thrombosis

INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1-22-62 to

2-5-62 and last saw her

him alive on 2-5-62

Death occurred at

12:40

P.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Carey P. [Signature]

(Degree or title)

22b. ADDRESS

Macon Mo

22c. DATE SIGNED

2/8/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb. 8, 1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Salem Cem.

23d. LOCATION (City, town, or county)

Excelsior Mo.

24. FUNERAL DIRECTOR

ADDRESS

Lester Hutton Macon, Mo.

25. DATE RECD. BY LOCAL REG.

2/8/62

26. REGISTRAR'S SIGNATURE

Ruth M. [Signature]

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.